

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554223

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	2			1		
5	1			1		
6	1			1		
7	1			1		
8	1			1		
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43	1			1		
44	1			1		
45	1			1		
46	1			1		
47	1			1		
48	1			1		
49	1			1		
50	1			1		
TOTAL IND.		5		5		5
TOTAL DEP.		44		44		44
TOTAL CLAIMS		51		51		51

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						